



1-866-FAM-PACT

#### Highlights:

- Half of the 900,000 pregnancies in California each year are unintended, and one-fourth result in abortion.
- Emergency contraception is used to prevent pregnancy when a condom slips or breaks, after unprotected sexual intercourse, or after sexual assault.
- Emergency contraceptive pills should be taken within 72-hours after unprotected sex.
- Pharmacies in California operating under collaborative agreements with physicians can provide emergency contraception pills directly as of January 2002.
- In California, low-income women can obtain emergency contraception at no cost through the Family PACT Program.
- Family PACT does not require a physical exam to obtain emergency contraception pills.

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO



#### Fact Sheet On

# Emergency Contraception

#### Background

Half of the 900,000 pregnancies in California each year are unintended and more than a quarter end in abortion.<sup>1</sup> Emergency contraception is a critical last chance to prevent unintended pregnancy after contraceptive method failure, unprotected sex, or forced sex. Low-income women can obtain emergency contraception at no cost through California's Family PACT Program.

#### Emergency Contraception

Emergency contraceptive pills and, in some circumstances, copper intrauterine contraceptives (IUCs) can be used for emergency contraception.

- Emergency contraceptive pills (ECPs) – also known as the “morning after pill” – are the most common form of emergency contraception and contain the same hormones used in birth control pills. In the United States, ECPs are marketed under the brand names Plan B® and Preven®. ECPs should be initiated as soon as possible, and no later than 72 hours after unprotected sex.
- Another option is the copper IUC, which is appropriate for women who desire long-term contraception. Marketed under the brand name ParaGard®, the IUC should be inserted within 5 days of unprotected intercourse.

#### Family PACT Program

California's Family PACT Program provides clinical services for family planning reproductive health, including emergency contraception, at no cost to low-income residents, filling a critical gap in health care for the indigent, uninsured, and working poor. Women and men are eligible if they reside in California, are at risk of pregnancy or causing pregnancy, have a gross family income at or below 200% of the Federal Poverty Level, and have no other source of health care coverage for family planning services. The Family PACT Program is administered by the Department of Health Services, Office of Family Planning.

#### Provision of Emergency Contraception through Family PACT

- Emergency contraceptive pills, including Plan B® and Preven®, are available for on-site dispensing or at a pharmacy.
- Since delay makes emergency contraception less effective, Family PACT providers use a range of options to help clients obtain the method quickly, including phone-in prescriptions, drop-in visits, and advance provision. Additionally, some pharmacies dispense ECPs directly.<sup>2</sup>
- A physical examination is not required to obtain ECPs.
- Clients can obtain advance provision of emergency contraceptive pills to keep on hand in the event of method failure.
- Emergency contraception is available to minors without parental consent or notification.

#### Service Utilization

Provision of emergency contraception is a small but growing service within the Family PACT Program. In fiscal year 01/02:

- 8% of female clients obtained emergency contraceptive pills through Family PACT.<sup>3,4</sup>
- Among these clients, 89% obtained the method from their clinician, 10% from a pharmacy, and 1% from both.

Historical Perspective

- Emergency contraceptive pills have been available in the US in the form of oral contraceptives for decades. They were approved by the U.S. Food and Drug Administration (FDA) as a dedicated pharmaceutical product in 1998.
- Since January 2002, women in California can obtain ECPs directly from a pharmacy without having to go to a clinic or doctor first. Participating pharmacies are required to provide ECPs according to standardized protocols.<sup>2</sup>
- While public awareness about emergency contraception is growing, a November 2000 telephone survey found that one in four women aged 18 – 44 had never heard of the method, and only 2% had ever used ECPs.<sup>5</sup>
- Publicly-funded media campaigns and other educational efforts, including a national hotline and websites (see below), are increasing knowledge about emergency contraception and where to obtain it.<sup>6</sup>

Emergency Contraceptive Pills Facts

- ECPs are highly effective in preventing pregnancy and could reduce the number of unintended pregnancies by as much as one-half.<sup>7</sup>
- ECPs prevent pregnancy by inhibiting or delaying ovulation, inhibiting tubal transport of the egg or sperm, interfering with fertilization, or by altering the endometrium (the lining of the uterus).
- ECPs will not interrupt an established pregnancy. By preventing pregnancy, ECPs reduce the need for induced abortion.
- ECPs are safe for use by almost all women. There are no known long-term or serious side effects associated with its use.<sup>8</sup>
- Short-term side effects may include nausea, abdominal pain, fatigue, headaches, dizziness, delayed menses, breast tenderness or vomiting.

Resources for Information on Emergency Contraception

- Emergency Contraceptive Hotline Telephone: 1-888-NOT-2-LATE or website: [www.NOT-2-LATE.com](http://www.NOT-2-LATE.com)
- Emergency Contraception Pharmacy Program website: [www.ec-help.org](http://www.ec-help.org)
- The Program for Appropriate Technologies in Health website: [www.path.org/resources/ec\\_resources.htm](http://www.path.org/resources/ec_resources.htm)
- Plan B® website: [www.gotoplanb.com](http://www.gotoplanb.com)
- Preven® website: [www.preven.com](http://www.preven.com)
- Association of Reproductive Health Professional (ARHP) website: [www.arhp.org/arhpframe](http://www.arhp.org/arhpframe)
- Planned Parenthood website: [www.plannedparenthood.org/ec/](http://www.plannedparenthood.org/ec/)
- Reproductive Health Technologies Project: [www.backupyourbirthcontrol.org](http://www.backupyourbirthcontrol.org)

Conclusion

Each year nearly half a million unintended pregnancies occur among women in California, many resulting in abortion. Emergency contraception is a last chance to prevent unintended pregnancy when a condom slips or breaks, after unprotected sex, or after sexual assault. While it is highly effective at preventing unintended pregnancy, few women currently use this option largely because of limited knowledge about the method and difficulty accessing the method within a few days after unprotected sex occurs. California’s Family PACT Program is increasing access to this important contraceptive option for eligible low-income women by providing emergency contraceptive pills (ECPs) and intrauterine contraceptives, as well as other family planning methods at no cost. Recognizing that women only have 72-hours in which to obtain and use emergency contraceptive pills, Family PACT does not require a scheduled appointment or a physical examination for this method. Clients can obtain ECPs at participating pharmacies, as well as directly from a medical provider. Family PACT providers also offer advance provision of ECPs, in addition to comprehensive education and counseling about emergency and long-term contraceptive options.

This information was compiled by the University of California, San Francisco, Center for Reproductive Health Research & Policy under contract #00-90982 with the California Department of Health Services – Office of Family Planning.

<sup>1</sup> The Alan Guttmacher Institute. Contraception counts: California. 2002. Available at: [http://www.guttmacher.org/pubs/state\\_data/states/california.html](http://www.guttmacher.org/pubs/state_data/states/california.html). Accessed August 26, 2002.

<sup>2</sup> Pharmacies participating in the Family PACT Program cannot charge Family PACT clients for ECPs, but may charge a consultation fee if the client does not have a prescription from a medical provider.

<sup>3</sup> Family PACT data presented in this fact sheet is drawn from Family PACT enrollment and claims data. FY 01/02 data is considered 90% complete.

<sup>4</sup> Since providers may dispense a cycle of oral contraceptives for use as ECPs, the actual percentage of Family PACT clients who received emergency contraception may be higher.

<sup>5</sup> Kaiser Family Foundation. *Vital signs survey: Emergency contraception* (selected findings); 2000. Available at: <http://www.kff.org/>. Accessed August 29, 2002.

<sup>6</sup> Trussell J, Koenig J, Vaughan B, Stewart S. Evaluation of a media campaign to increase knowledge about emergency contraception. *Contraception*. 2001;63(2):81-87.

<sup>7</sup> Trussell J, Stewart F, Guest F, Hatcher RA. Emergency contraceptive pills: a simple proposal to reduce unintended pregnancies. *Fam Plann Perspect*. 1992;24(6):269-273.

<sup>8</sup> Task Force on Postovulatory Methods of Fertility Regulation. Randomized controlled trial of levonorgestrel verses the Yuzpe regimen of combined oral contraceptives for emergency contraception. *Lancet*. 1998; 352 (9126):428-33.